

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/9/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/10/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/28</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ N Non-elected  
☐ I Interference  
☐ A Appeal  
☐ O Objected

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Form PTO-436A  
(Rev. 6/99)

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If more than 150 claims or 10 actions  
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